

ENTERED

WATER WELL REPORT
STATE OF WASHINGTONStart Card No. W090890
Water Right Permit No.

6000

(1) OWNER: Name **BOM AIR COMMUNITY ASSOC** Address **2014 S DONNA DR COUPEVILLE, WA 98239-31-2E-29N**
 (2) LOCATION OF WELL: County **ISLAND** - SW 1/4 SW 1/4 Sec 29 T 31 N., R 2E WM
 (2a) STREET ADDRESS OF WELL (or nearest address) **COXS RD**

(3) PROPOSED USE: **MUNICIPAL**

(4) TYPE OF WORK: Owner's Number of well **2**
 (If more than one)
NEW WELL Method: **ROTARY**

(5) DIMENSIONS: Diameter of well **8** inches
 Drilled **135** ft. Depth of completed well **129.3** ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: **8** " Dia. from **+2.5** ft. to **121.3** ft.
WELED " Dia. from ft. to ft.
 " Dia. from ft. to ft.

Perforations: **NO**

Type of perforator used

SIZE of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

Screens: **YES**

Manufacturer's Name

NAGAOKAType **STAINLESS STEEL**

Model No.

Diam. **8** slot size **10** from **119.3** ft. to **129.3** ft.

Diam. slot size from ft. to ft.

Gravel backed: **NO**

Size of gravel

Gravel placed from ft. to ft.

Surface seal: **YES**To what depth? **18** ft.Material used in seal **BENTONITE**Did any strata contain unusable water? **NO**

Type of water? Depth of strata ft.

Method of sealing strata off

(7) PUMP: Manufacturer's Name

Type

H.P.

(8) WATER LEVELS:

Land-surface elevation

above mean sea level ... ft.

Static level **93.45** ft. below top of well Date **08/12/97**

Artesian Pressure lbs. per square inch Date

Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.

Was a pump test made? **YES** If yes, by whom? **HAYES DRILLING**
 Yield: **25** gal./min with **25.15** ft. drawdown after **24** hrs.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level
00.01	109.8	00.02	104.5	00.03	100.9
00.04	98.80	00.05	97.45	00.10	94.45
00.15	93.92	00.20	93.84	00.30	93.74

Date of test **08/13/97**

Bailer test gal/min. ft. drawdown after hrs.

Air test **20** gal/min. w/ stem set at **117** ft. for **1** hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? **YES**

(10) WELL LOG

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

MATERIAL

TOPSOIL

GRAY SAND & GRAVEL

GRAY SILT SAND & GRAVEL

GRAY GRAVEL SILT & SAND & CLAY

BROWN SAND & CLAY

BROWN SILT & SAND

BROWN SAND & WATER

GRAY SILT SAND & WATER

FROM	TO
0	1
1	13
13	20
20	61
61	86
86	110
110	130

RECEIVED
 SEP 15 1997
 DEPT. OF ECOLOGY

Work started **07/14/97**Completed **07/22/97**

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

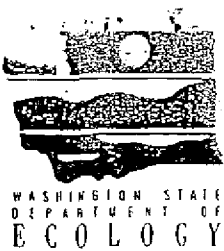
NAME **HAYES DRILLING, INC.**

(Person, firm, or corporation) (Type or print)

ADDRESS **556 E 5TH RD. BOM WA**[SIGNED]  License No. **2189**Contractor's
Registration No. **HAYESDI106J5**Date **09/03/97**

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON
 INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

6107



59497

Well Tagging Form

Unique Well Tag No:

AGA 953

RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. Do not use this form for wells that do not have a Water Well Report.

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Bon Air Community Club

Street Address: 2042 Driftwood Way

City: Couperville State: WA 98239

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Parcel S6140-05-18013-0 End of Cox Drive

City: Couperville County: Island

T. 31 N. R. 2 E W.M. Sec. 19 SW 1/4 of the SW

Latitude 48 8.230404

Longitude 122 35.30319

Elevation at land surface 347.7 (feet/meters (circle one))

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WELL CHARACTERISTICS

Location of Well Identification Tag:

Strapped to well casing (on wooden lot
in open, with pitless adaptor)

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

29

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

A well

COMMENTS:

This is Bon Air Source #2
This well was erroneously listed as A6A 954

The actual unique well identification tag
number is A6A 953 (A6A 954 is source #1)

This well is about 300 feet north of source #1,
on the same parcel

